300
-47
-39
3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 14 1949

Registration District No. 1381

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6032

State File No. 2316

Registrar's No. 2366

1. PLACE OF DEATH:

(a) County Ripley.

(b) City or town Doniphan, Mo. "Rural" Doniphan Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
about 1 mile East of Doniphan Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — — — (Specify whether
In this community 10 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Ripley. 91

(c) City or town Doniphan, Mo. "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. about 1 Mile East of Doniphan, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country — — — —

3. (a) PRINT FULL NAME Sterling Miles Paul.

3. (b) If veteran, name war — — — —

3. (c) Social Security No. 486-16-6705.

4. Sex Male. 0

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Bertha Paul.

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January (Month) 28 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	11	10	— — — hr. — — — min.

9. Birthplace Paragould (City, town, or county), Arkansas (State or foreign country)

10. Usual occupation Farming.

11. Industry or business Agriculture.

FATHER
12. Name Gabriel Paul
13. Birthplace Jackson County, (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Nancy Ellen Griggsby.
15. Birthplace Jackson County, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Fred Paul
(b) Address Doniphan, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 10 (Day) 1949 (Year)
(c) Place: burial or cremation Oak Ridge Cem. Doniphan, Mo.

18. (a) Signature of funeral director Ray Means
(b) Address Doniphan, Mo.

19. (a) 1-10-49 (Date received local registrar) (b) E. B. Johnston (Registrar's signature) 277

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 1949 hour 11 A.M. minute — — M.

21. I hereby certify that I attended the deceased from 1-1-, 1949, to 1-8-, 1949;
that I last saw him alive on 1-7-, 1949;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Hemorrhage — Duration 6 days

Due to Sclerosis of arteries and Severe Asthma.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 23

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) 0

While at work? (e) Means of injury

23. Signature J. Edw. Adamson (M. D. or other)
Address Doniphan, Mo. Date signed 1-9-49.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-7-49
District Health Officer No. 5,
District File Number 24913 1
Date Filed 3-9-49

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.